



Your business  
is our business.

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October 11, 2013

**VIA Electronic Comment Filing System**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of LBH, LLC  
Study Area Code 279014**

Dear Ms. Dortch:

On behalf of LBH, LLC, JSI files the attached FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.<sup>1</sup>

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

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<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	279014
<015> Study Area Name	LBH, LLC
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Marty J. Meche
<035> Contact Telephone Number: Number of the person identified in data line <030>	337-583-8353
<039> Contact Email Address: Email of the person identified in data line <030>	marty.meche@camtel.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<input type="text" value="0.0"/>			
<420> Mobile	<input type="text"/>			
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	
<440> Fixed	<input type="text"/>			
<450> Mobile	<input type="text"/>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> <input type="text" value="279014LA510"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> <input type="text" value="279014LA610"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	279014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	337-583-8353
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@camtel.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

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 Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<010>	Study Area Code	279014
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-- See attached worksheet --

<010>	Study Area Code	279014
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1/1/2013	
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-- See attached worksheet	
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FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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[illegible]

**(800) Operating Companies  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@camtel.com
<810>	Reporting Carrier	LBH, LLC
<811>	Holding Company	Cameron Holdings of North Carolina, LLC
<812>	Operating Company	LBH, LLC

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@camtel.com

Please check this box to confirm no terrestrial backhaul  
 <1120> options exist within the supported area pursuant to § 54.313(G)
 ☐

Please check this box to confirm the reporting carrier offers  
 <1130> broadband service of at least 1 Mbps downstream and 256 kbps  
 upstream within the supported area pursuant to § 54.313(G)
 ☐

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@camtel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 279014LA1210

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Name of attached document (.pdf)

<1220> Link to Public Website HTTP \_\_\_\_\_

“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2000) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@camtel.com

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐  
☐
**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐  
☐  
☐  
☐
**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

☐
**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

☐  
☐  
☐  
☐

Name of Attached Document Listing Required Information

**(3000) Rate Of Return Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	337-583-8353
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@camtel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

**Progress Report on 5 Year Plan**

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/> (Yes/No)
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3018)	If the response is no on line 3014, Is your company audited?  If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="checkbox"/>

**Certification - Reporting Carrier  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	279014
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<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@camtel.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	279014
<015>	Study Area Name	LBH, LLC
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<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@camtel.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Karen Gunkel</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Karen Gunkel
Name of Reporting Carrier:	LBH, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Officer:	Bruce Petry
Title or position of Authorized Officer:	President & General Manager
Telephone number of Authorized Officer:	337-583-2092
Study Area Code of Reporting Carrier:	279014 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	LBH, LLC
Name of Authorized Agent or Employee of Agent:	Karen Gunkel
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Agent or Employee of Agent:	Karen Gunkel
Title or position of Authorized Agent or Employee of Agent:	Consultant- Revenue Requirements
Telephone number of Authorized Agent or Employee of Agent:	512-338-0473
Study Area Code of Reporting Carrier:	279014 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

**LBH, LLC (Study Area Code 279014)**

**Response to Lines 500-510 - Service Quality Standards and Consumer Protection Rules**

**Compliance**

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis. In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>3</sup>

LBH, LLC (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules under state and federal law. These provisions include, but are not limited to, the following: 1) service standard reporting pursuant to Section 302<sup>4</sup>; 2) tariff filing obligations outlined in Section 401<sup>5</sup>; 3) number portability obligations found at Section 801<sup>6</sup>; 4) consumer protection rules outlined in Section 1201<sup>7</sup>; 5) customer service Regulations for Telecommunications Service in LPSC Docket No. U-24856;<sup>8</sup> 6) “Slamming”

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* at n. 72.

<sup>4</sup> *Louisiana Public Service Commission General Order*, Docket No. R-30347 - In re: Regulations for Competition on the Local Telecommunications Market. (As most recently amended by Corrected General Order Number R-30347 dated August 13, 2009)

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

<sup>8</sup> *Louisiana Public Service Commission General Order*, Docket No. U-24856 - In re: Customer Service Regulations for Telecommunications Service Providers. (Decided at the Business and Executive Session held November 2, 2000)



requirements in Docket No. U-25754;<sup>9</sup> 7) Docket No. U-24050 containing rules and regulations concerning Telecommunications Service Provider billing;<sup>10</sup> 8) Truth-in-Billing Rules contained at 47 CFR § 64.2401; and, 9) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

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<sup>9</sup> *Louisiana Public Service Commission General Order*, Docket No. U-25754 - In re: Possible Amendments to the June 5, 1998 General Order ("Slamming"). (Decided at Business and Executive Session held April 24, 2002)

<sup>10</sup> *Louisiana Public Service Commission General Order*, Docket No. U-24050 –In re: Rules and regulations concerning Telecommunications Service Provider ("TSP") billing. (Decided at Business and Executive Session held June 21, 2000)

**LBH, LLC (Study Area Code 279014)**

**Response to Lines 600-610 - Ability to Function in Emergency Situations**

LBH, LLC (“Company”) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)<sup>1</sup>. The Company’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations also allows the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, the Company is able to function in emergency situations in accordance with the Company’s Emergency Operations Plan which include provisions for continuity of service and emergency operations planning. Any central office not equipped with permanently installed standby generators contains as a minimum eight hours of battery reserve without voltage falling below the level required for proper operation of all equipment. In addition, all central offices without installed emergency power facilities have a mobile power unit available which can be delivered and connected on short notice.

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<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	279014
<015>	Study Area Name	LBH, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Marty J. Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	337-583-8353
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@camtel.com
<810>	Reporting Carrier	LBH, LLC
<811>	Holding Company	Cameron Holdings of North Carolina, LLC
<812>	Operating Company	LBH, LLC

[illegible]

**LBH, LLC**  
**Study Area Code: 279014**  
**Rates, Terms and Conditions for Lifeline Service**

**(Response to Form 481, Line 1210)**

Local exchange service rates and charges as specified below are for basic local exchange service, including Tone Dialing Service, and facilities only. The rates for other ancillary services not specifically shown below are presented in LBH, LLC's tariff(s) on file with the Louisiana Public Service Commission. Unless otherwise specified, the rates and charges quoted below are for a period of one month, payable in advance and provide unlimited flat rate calling within the local exchange calling scope.

Residential Local Exchange Access Line Rates<sup>(1)(2)</sup>:

<b>Exchange Name</b>	<b>R-1 Rate</b>	<b>Res. EAS Charge</b>
Sweetlake	\$12.64	\$ -
Moss Bluff	\$12.64	\$ -
Sulphur	\$12.64	\$ -

<sup>(1)</sup> Above listed fees do not include mandatory taxes, fees and surcharges, including, but not limited to Louisiana Universal Service Fund charges, 9-1-1 fees, and municipal franchise fees.

<sup>(2)</sup> Qualified Lifeline customers are eligible for Lifeline credits or discounts as outlined in the attached Lifeline tariff.

LBH, LLC dba Cameron Communications  
Sulphur, Louisiana

Louisiana Tariff No. 1  
Section 4  
1<sup>st</sup> Revised Page 71.4  
Cancels Original Page 71.4

By: George Mack, Manager

Issued: May 31, 2012

Effective Date: June 1, 2012

## LOCAL EXCHANGE SERVICE

### 4.3 LIFELINE SERVICE PROGRAM

#### A. General

1. Lifeline service is a retail local service offering sponsored by the FCC. It is a government assistance program that is available to qualifying low-income consumers. A customer's Lifeline benefit may not be transferred to any other person. C
  2. Consumers qualifying for Lifeline service are offered the services or functionalities enumerated in 47 Code of Federal Regulations 54.101 (A) (1) - (8) (relating to supported services for Rural, Insular and High Cost areas). C
  3. The company shall offer toll restriction at no charge to all qualifying low-income consumers at the time such consumers subscribe to Lifeline service. If the consumer elects to receive toll restriction, that service shall become part of the consumer's Lifeline service.
-

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## LOCAL EXCHANGE SERVICE

### 4.3 LIFELINE SERVICE PROGRAM continued

#### B. Eligibility Requirements M

1. The discounted service will be provided for one (1) residential telephone line per household, at the subscriber's principal place of residence. A household is not permitted to receive Lifeline benefits from multiple providers. A "Household" is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A violation of the one-per-household limitation is a violation of the FCC's rules and will result in de-enrollment from the program. C
2. The applicant must have only one local exchange access line to the residential premises or dwelling place. C
3. The service must be provided in the applicant's name. C
4. The applicant, one or more of the applicants dependents, or the applicant's household must participate in one of the following programs: C
  - Medicaid
  - Supplemental Nutrition Assistance Program (SNAP)
  - Low-Income Home Energy Assistance Programs (LIHEAP)
  - Supplemental Security Income (SSI)
  - Federal Public Housing Assistance - Section 8
  - Temporary Assistance to Needy Families (TANF)
  - National School Lunch's Free Lunch Program (NSL)

LBH, LLC dba Cameron Communications  
Sulphur, Louisiana

Louisiana Tariff No. 1  
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1<sup>st</sup> Revised Page 71.6  
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## LOCAL EXCHANGE SERVICE

### 4.3 LIFELINE SERVICE PROGRAM continued

Additionally, customers not receiving benefits under one of the programs listed above and whose total gross annual household income is at or below 135% of the Federal poverty guidelines may be eligible to participate. C

5. All applications for service are subject to verification with the state agency responsible for administration of the qualifying program. M

#### C. Certification

1. Proof of household income or receipt of benefits from any of the qualifying low income assistance programs shall be provided to the company at the time of application for service. The Lifeline credit will not be established until proof of eligibility has been received by the company. If the customer requests installation prior to the company's receipt of proof of eligibility, the requested service will be provided without the Lifeline credit. When eligibility documentation is provided subsequent to installation, the Lifeline credit will be provided on a going forward basis. C
2. The applicant shall be required to certifying under penalty of perjury, that: C
- (i) The subscriber meets the program-based or income based eligibility criteria for receiving Lifeline.
  - (ii) The customer will notify the company within thirty (30) days if the customer is no longer eligible to receive Lifeline, including if the customer (or his/her dependents or household) is no longer participating in any of the qualifying programs, or if the consumer's household income rises to exceed 135% of the Federal Poverty Guidelines, or the customer receives more than one Lifeline benefit, or another member of the customer's household is receiving a Lifeline benefit.
  - (iii) If the customer moves, the customer will provide his/her new address within thirty (30) days.
  - (iv) The customer's household will receive only one Lifeline service and, to the best of the customer's knowledge, customer's household is not already receiving a Lifeline service.

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### LOCAL EXCHANGE SERVICE

#### 4.3 LIFELINE SERVICE PROGRAM continued

- (v) The information in the customer's certification form is true and correct to the best of his/her knowledge. C
  - (vi) The customer acknowledges that providing false or fraudulent information to receive Lifeline is punishable by law.
  - (vii) The customer acknowledges that he/she may be required to recertify continued eligibility for Lifeline at any time, and customer's failure to recertify as to his/her continued eligibility will result in de-enrollment and termination of Lifeline benefits.
3. The company reserves the right to periodically audit its records, working in conjunction with the appropriate state agencies, for the purpose of determining continuing eligibility. Information obtained during such audit will be treated as confidential information to the extent required under state and federal laws. The use or disclosure of information concerning enrollees will be limited to purposes directly connected with the administration of the Lifeline plan. M
4. If the company has a reasonable basis to believe that the customer is no longer eligible to receive Lifeline, the company will notify the customer in writing. If the customer cannot provide eligibility documentation within thirty (30) days, the Lifeline credit will be discontinued. The company must terminate Lifeline discounts for subscribers who fail to demonstrate continued eligibility within the thirty (30) day timeframe. Also, a customer who fails to provide a signed eligibility re-certification form or annual one-per-household re-certification within thirty (30) days of the date of company's request will be de-enrolled from the Lifeline program.



LBH, LLC dba Cameron Communications  
Sulphur, Louisiana

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1<sup>st</sup> Revised Page 71.7

By: George Mack, Manager

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## LOCAL EXCHANGE SERVICE

### 4.3 LIFELINE SERVICE PROGRAM continued

#### D. Provision of Service

1. The company shall provide Lifeline service to all eligible consumers within its service area if the existing service of those consumers meets the qualifications set forth in Subsection B of the Lifeline Tariff. Within sixty (60) days after receipt of the list, the company shall begin reduced billing for those eligible low-income consumers subscribing to qualifying services.
2. If the eligible consumer's existing telephone service does not qualify, the Company shall advise the eligible consumer by direct mail of changes necessary to satisfy Lifeline criteria. The notice provided by the company will include all information required under the Commission's Rules.
3. If the eligible consumer changes the telephone service to qualifying services or initiates new qualifying service, the company shall begin reduced billing at the time the new service is established.
4. Customers who qualify for Lifeline service must sign a form, executed under penalty of perjury, identifying public assistance programs or income criteria listed in Subsection B of the Lifeline tariff from which they receive benefits. The customer must agree to notify the company if the customer ceases to participate in the program(s).
5. Customer acknowledges that willfully making false statements to obtain Lifeline benefits can result in fines, imprisonment, de-enrollment or being barred from the program. C
6. The customer acknowledges, and consents, that the customer's name, telephone number, and address will be provided to the Universal Service Administrative Company (administrator to the Lifeline program) and/or its agents for the purpose of verifying that the customer does not receive more than one Lifeline benefit. C

#### E. Credits and Deposits

1. The credit verification procedures used for all applicants who apply for service with the company will also be used for applicants who apply for service under the Lifeline program.

LBH, LLC dba Cameron Communications  
Sulphur, Louisiana

Louisiana Tariff No. 1  
Section 4  
Original Page 71.7.1

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## LOCAL EXCHANGE SERVICE

### 4.3 LIFELINE SERVICE PROGRAM continued

M

2. The deposit standards used for all applicants who apply for service with the company will also be used for applicants who apply for Lifeline service with the exception that deposit requirements will be waived for Lifeline service applicants who voluntarily elect subscriber toll restriction service.

#### F. Lifeline Service Discounts

1. Eligible consumers who subscribe to Lifeline service will receive the following discounts:

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## LOCAL EXCHANGE SERVICE

### 4.3 Lifeline Service Program continued

#### F. Lifeline Service Discounts continued:

1. Eligible consumers who subscribe to Lifeline service will receive Federal Lifeline flat rate discount for qualifying low-income Consumers per \$9.25 per month as a credit against the Federal End User Subscriber Line Charge and intrastate charges. C

(a) Federal baseline Lifeline support amount. The company shall grant a waiver/credit of the federal end-user subscriber line charge to qualifying low-income consumers. D

(b) State-approved \$1.75 reduction. The company shall give a qualifying low-income consumer a state-approved reduction of \$1.75 in the monthly amount of intrastate charges due for services subject to the Lifeline service program. D

#### G. Service Charges

1. Service charges do not apply when eligible customers with existing residential service convert to Lifeline service.
2. Service charges apply when:
  - (a) At the time Lifeline service billing is initiated, where existing eligible residential local exchange access service customers request additional features, such as special or custom calling features.
  - (b) A customer receiving Lifeline service voluntarily elects to convert to telephone service arrangements, which preclude Lifeline service eligibility.
  - (c) New residential applicants (those without existing local exchange access service) eligible for the Lifeline program will be subject to applicable service charges.
3. Any subsequent moves or changes after the initial connection to Lifeline service will be subject to applicable service charges.

#### H. Payments and Disconnection of Service

1. The company may not disconnect Lifeline service for nonpayment of toll charges.
2. A Lifeline customer is required to adhere to the same bill payment policies applicable to all of the company's customers.